Chairman Michael C. Burgess, M.D.
Opening Statement
Energy and Commerce Subcommittee on Health
"Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients"
April 11, 2018

(As prepared for delivery)

This afternoon, the Health Subcommittee marks its third in a series of hearings this spring on legislation addressing the opioid epidemic. By the end of this week's hearing, we will have considered a total of 67 opioid-related bills. In our last hearing, we discussed 25 public health and prevention-focused bills over the course of two days. And today the subcommittee will be breaking a record by examining 34 bills, centered around improving Medicaid and Medicare programs at the Center for Medicare and Medicaid Services (CMS).

While committee members on both sides of the aisle have put a lot of time and thought into developing these bills, a majority are still in discussion draft form. This is intentional, as we seek to explore promising ideas, while collecting important feedback from members, providers, plans, and other key stakeholders. Some of these bills challenge the status quo for some practices within Medicaid and Medicare, but with more than 110 Americans dying daily from opioid overdoses, we must be willing to ask hard questions and find solutions.

With the opioid crisis devastating our country and eroding our economic productivity, all of us must be willing to take a fresh and fair look at each of the policies presented today. We should think creatively about how to help strengthen Medicaid and Medicare's ability to combat the scourge of opioid abuse – because without adequate tools and accountability, our largest public payers will be unable to handle the challenge before them.

Today, we are joined by Kimberly Brandt, who has been charged to lead the efforts addressing the opioid crisis at CMS. Ms. Brandt, thank you being testifying before us and providing your insights on ways we can partner together and turn the tide in our fight.

Tomorrow, we will hear from individuals representing health care providers, health plans, and behavioral health specialists who provide critical treatment to Americans with opioid addiction and substance use disorder. It is my expectation our conversations will help us adopt effective policies that have meaningful impact.

One issue area that repeatedly comes up is our physician workforce. Congress can pass bills that increase access to evidence-based treatment, but if we do not have enough physicians equipped with proper tools and training, we will not have sufficient capacity to provide effective treatments for individuals suffering from substance use disorder.

To this end, I have authored draft legislation that will provide Congress with more robust transparency about how graduate medical education dollars under current law are helping equip the next generation of doctors to better identify and treat patients with substance use disorder.

Prescription Drug Monitoring Programs (PDMPs) are important informational tools that help track prescriptions and identify patients at risk of abusing or overdosing on opioids. *The Medicaid PARTNERSHIP Act* would require the state Medicaid programs to integrate PDMP usage into Medicaid providers' and pharmacists' clinical workflow while establishing basic criteria for qualified PDMPs. As a physician, I think it's common sense to ask one of our largest payers to access one of our most powerful data tools to care for some of our most at-risk patients.

Another useful tool already in place in many state Medicaid programs are pharmaceutical homes. *The Medicaid Pharmacy Home Act* would codify the common-sense idea of requiring states to have a provider and pharmacy assignment program that identifies at-risk Medicaid

beneficiaries and sets reasonable limits on the number of prescribers and dispensers they can utilize. Given what we know, it's good medicine for us to ensure all states are using this effective approach to identify at-risk beneficiaries and improve care.

We certainly have much to consider. But, we are building on years of previous bipartisan efforts, and we all know our work is important to the families and communities – our constituents – affected by the opioid epidemic.

Before I close, I would like to touch upon the growing fear of many patients suffering from chronic pain who have been successfully managed by opioids, especially when these drugs are the last resort. I anticipate some discussions on the recent CMS rule to limit the amount and length of opioid prescriptions. Our effort to overcome this crisis is vital, but I want us to keep these patients in mind and not "over-torque the bolt."

I again thank our witnesses for testifying today and tomorrow, and I look forward to learning your insights on making improvements in the Medicare and Medicaid system.

I would like to yield the balance of my time to the Vice Chairman of the Health Subcommittee, Mr. Guthrie of Kentucky, for a statement.